



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re the Application

Inventors: K. HIRAMATSU Art Unit: 2661  
Application No.: 09/807,287  
Filed: April 11, 2001  
For: Communication Terminal Apparatus and Channel Estimation Method

REQUEST FOR CORRECTED FILING RECEIPT

Assistant Commissioner of Patents  
Washington, D.C. 20231

Sir:

Please issue a Corrected Filing Receipt reflecting the correct title as follows: --Communication Terminal Apparatus and Channel Estimation Method--

A copy of the Filing Receipt with changes marked in red ink is attached.

Respectfully submitted,

James E. Ledbetter  
Registration No. 28,732

Date: May 29, 2001

JEL/spp

ATTORNEY DOCKET NO. L9289.01129

STEVENS, DAVIS, MILLER & MOSHER, L.L.P.  
1615 L Street, NW, Suite 850  
P.O. Box 34387  
Washington, DC 20043-4387  
Telephone: (202) 785-0100  
Facsimile: (202) 408-5200

RECEIVED  
AUG 31 2001  
Technology Center 2600



## UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS  
UNITED STATES PATENT AND TRADEMARK OFFICE  
WASHINGTON, D.C. 20231  
www.uspto.gov

APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO.	DRAWINGS	INT. CLAIMS	IND. CLAIMS
09/807,287	04/11/2001	2661	860	L9289.01129	10	8	3

CONFIRMATION NO. 6026

Stevens Davis Miller & Mosher  
Suite 850  
1615 L Street NW  
Washington, DC 20036

DOCKETED

By ADG on 5/22/01

FILING RECEIPT



\*OC000000006083750\*

Date Mailed: 05/16/2001

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

## Applicant(s)

Katsuhiko Hiramatsu, Yokosuka-shi, JAPAN;

## Domestic Priority data as claimed by applicant

THIS APPLICATION IS A 371 OF PCT/JP00/05622 08/23/2000

## Foreign Applications

JAPAN 11-241621 08/27/1999

Projected Publication Date: N/A

Non-Publication Request: No

Early Publication Request: No

## Title

Apparatus And Channel Estimation Method  
Communication terminal device and channel estimating method

## Preliminary Class

370



## UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS  
UNITED STATES PATENT AND TRADEMARK OFFICE  
WASHINGTON, D.C. 20231  
www.uspto.gov

**FILE COPY**

Bib Data Sheet

CONFIRMATION NO. 6026

<b>SERIAL NUMBER</b> 09/807,287	<b>FILING DATE</b> 04/11/2001 <b>RULE</b>	<b>CLASS</b> 370	<b>GROUP ART UNIT</b> 2662	<b>ATTORNEY DOCKET NO.</b> L9289.01129	
<b>APPLICANTS</b> Katsuhiko Hiramatsu, Yokosuka-shi, JAPAN; <b>** CONTINUING DATA *****</b> THIS APPLICATION IS A 371 OF PCT/JP00/05622 08/23/2000 <b>** FOREIGN APPLICATIONS *****</b> JAPAN 11-241621 08/27/1999					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> JAPAN	<b>SHEETS DRAWING</b> 10	<b>TOTAL CLAIMS</b> 8	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> Stevens Davis Miller & Mosher Suite 850 1615 L Street NW Washington ,DC 20036					
<b>TITLE</b> Communication terminal apparatus and channel estimation method					
<b>FILING FEE RECEIVED</b> 860	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		